



Donation Form

Please complete this form and mail or fax it to:

Office of Development
Renison University College
240 Westmount Rd. N
Waterloo, Ontario, Canada N2L 3G4
Fax: 519-884-5135

*indicates a required field

STEP 1: PERSONAL INFORMATION

Prefix: Mr. Mrs. Ms. Miss Dr.

If other, please specify

*First Name

Middle Initial(s)

*Last Name

*Street Address
(to mail tax receipt)

*City

*Province/State/
Region

*Postal/Zip Code

*Country

*Email

*Home Phone

Name of Company

Job Title

Business Phone

Affiliation to Renison: (please check all that apply)

Current Renison Student/Resident

If yes, student number

Graduate of Renison

If yes, student number

Former Resident of Renison

If yes, student number

Parent of Student or Graduate

If yes, student's name(s) and program(s)

Faculty, Staff, Retiree, or Board Member

Friend of Renison

STEP 2: GIFT DETAILS

*I'd like to make a new gift a payment on an existing pledge

*Currency Cdn funds US funds

One-Time Gift \$

Monthly Gift \$ per month until notified OR starting: [mth] [year] ending: [mth] [year]

Pledged Gift \$ per year # of Years starting: [mth] [year] ending: [mth] [year]

The company I work for (see above) matches charitable donations made by its employees. Yes No

Find out if your employer matches donations at www.matchinggifts.com/canada/uwaterloo

In Honour of

In Memory of

I would like to remain anonymous.

STEP 3: GIFT DESIGNATION

I wish to support the Renison University College's highest priorities (unrestricted support).

I wish to support a project or area at Renison.

Learn about Renison's priority projects at www.uwaterloo.ca/renison/alumni-friends/support-renison/priorities

Please indicate the amount you would like to give to one or more areas:

Amount	Designation
\$	
\$	
\$	

STEP 4: PAYMENT OPTIONS (Please check one)

Cheque (payable to Renison University College)

Credit Card **Pre-authorized monthly credit card payments**

*Card Type: (please check one) MasterCard Visa

*Card Number *Expiration Date

*Name on Card

Payroll or pension deduction (for Waterloo staff, faculty, and retirees ONLY.)

starting: mth year ending: mth year **OR** until notified

Please deduct \$ per pay.

Signature

THANK YOU

I have made provisions for Renison University College in my will or through an insurance policy.

Please send me information on future gifts/bequests to Renison University College.

As a Renison graduate, I would like to:

learn more about alumni services available to me.

receive the biannual alumni magazine, Renison Reports

Questions? Contact Caroline Tanswell, Director of Development

Email: caroline.tanswell@uwaterloo.ca

Phone: 519-884-4404 Ext. 28605

Fax: 519-884-5135

We sincerely appreciate your contribution to Renison University College.
Together, we are building a brighter future .



At Renison, we respect your privacy and keep your information strictly confidential. Read the university's privacy policy at www.development.uwaterloo.ca/privacy. A tax receipt will be mailed to you once your donation is processed. Donations qualify for income tax credits. Charitable Registration No. 119115707RR0001